

Case Number:	CM14-0193775		
Date Assigned:	12/01/2014	Date of Injury:	07/01/2005
Decision Date:	01/15/2015	UR Denial Date:	10/24/2014
Priority:	Standard	Application Received:	11/19/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Internal Medicine, has a subspecialty in Hospice and Palliative Medicine and is licensed to practice in Pennsylvania. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 42-year-old gentleman with a date of injury of 07/01/2005. The submitted and reviewed documentation did not identify the mechanism of injury. A treating physician note dated 10/03/2014 indicated the worker was experiencing abnormal sensations in the left leg and lower back pain. Documented examinations consistently described lower leg weakness. The submitted and reviewed documentation concluded the worker was suffering from lower back pain and left leg radiculopathy. Treatment recommendations included oral pain medications, laboratory testing looking at liver and kidney function, and follow up care. A Utilization Review decision was rendered on 10/24/2014 recommending non-certification for ninety tablets of ibuprofen 800mg with four refills and laboratory blood testing with a comprehensive metabolic panel (CMP) and partial certification for eight tablets of Soma (Carisoprodol) 350mg to allow for weaning.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Ibuprofen 800mg #90 x 4 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ibuprofen.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-73.

Decision rationale: Ibuprofen is in the non-steroidal anti-inflammatory drugs (NSAID) class of medications. The MTUS Guidelines support the use of NSAIDs for use in managing osteoarthritis-related moderate to severe pain. The Guidelines stress the importance of using the lowest dose necessary for the shortest amount of time. They further emphasize that clinicians should weigh the benefits of these medications against the potential negative effects, especially in the setting of gastrointestinal or cardiovascular risk factors. The submitted and reviewed records indicated the worker was experiencing abnormal sensations in the left leg and lower back pain. The documentation reported improved pain and function with the use of ibuprofen, and treatment recommendations included monitoring liver and kidney function with laboratory blood testing as a part of reassessing the worker's individualized risk. However, the worker's specific gastrointestinal and heart risks were not clearly stated. Further, the results of the laboratory testing were planned to be reviewed in four months, and the most recent laboratory testing had been done a year ago. The Guidelines stress the importance of on-going monitoring of both the benefits and risks of this medication, and long-term use carries increasing risks. For these reasons, the current request for ninety tablets of ibuprofen 800mg with four refills is not medically necessary.

Soma 350mg #90 x 4 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Soma.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants, Carisoprodol (Soma) Page(s): 63-66, 29.

Decision rationale: Soma (Carisoprodol) is in the antispasmodic muscle relaxant class of medications. The MTUS Guidelines support the use of muscle relaxants with caution as a second-line option for short-term use in the treatment of a recent flare-up of long-standing lower back pain. Some literature suggests these medications may be effective in decreasing pain and muscle tension and in increasing mobility, although efficacy decreases over time. In most situations, however, using these medications does not add additional benefit over the use of non-steroidal anti-inflammatory drugs (NSAIDs), nor do they add additional benefit in combination with NSAIDs. Negative side effects, such as sedation, can interfere with the worker's function, and prolonged use can lead to dependence. The submitted and reviewed records indicated the worker was experiencing abnormal sensations in the left leg and lower back pain. These records did not describe the presence or absence of negative side effects, suggest benefit specific to the use of this medication despite long-term use, or provide an individualized risk assessment. In the absence of such evidence, the current request for ninety tablets of Soma (Carisoprodol) 350mg with four refills is not medically necessary.

Labs to include CMP: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs
Page(s): 67-73.

Decision rationale: A comprehensive metabolic panel (CMP) is a group of laboratory blood tests that measure several different salts in the blood, the general functioning of the liver, and the general functioning of the kidneys. The submitted and reviewed documentation indicated the worker was experiencing abnormal sensations in the left leg and lower back pain. The worker was treated with on-going non-steroidal anti-inflammatory and muscle relaxant medications. The MTUS Guidelines support periodic monitoring of liver and kidney function with laboratory blood tests to minimize complications that can occur with such medications. The reviewed records reported the most recent laboratory blood tests were done a year prior to the request. For these reasons, the current request for laboratory blood testing with a comprehensive metabolic panel (CMP) is medically necessary.